

GOWER  
Rural District Council



Annual Report

FOR THE YEAR

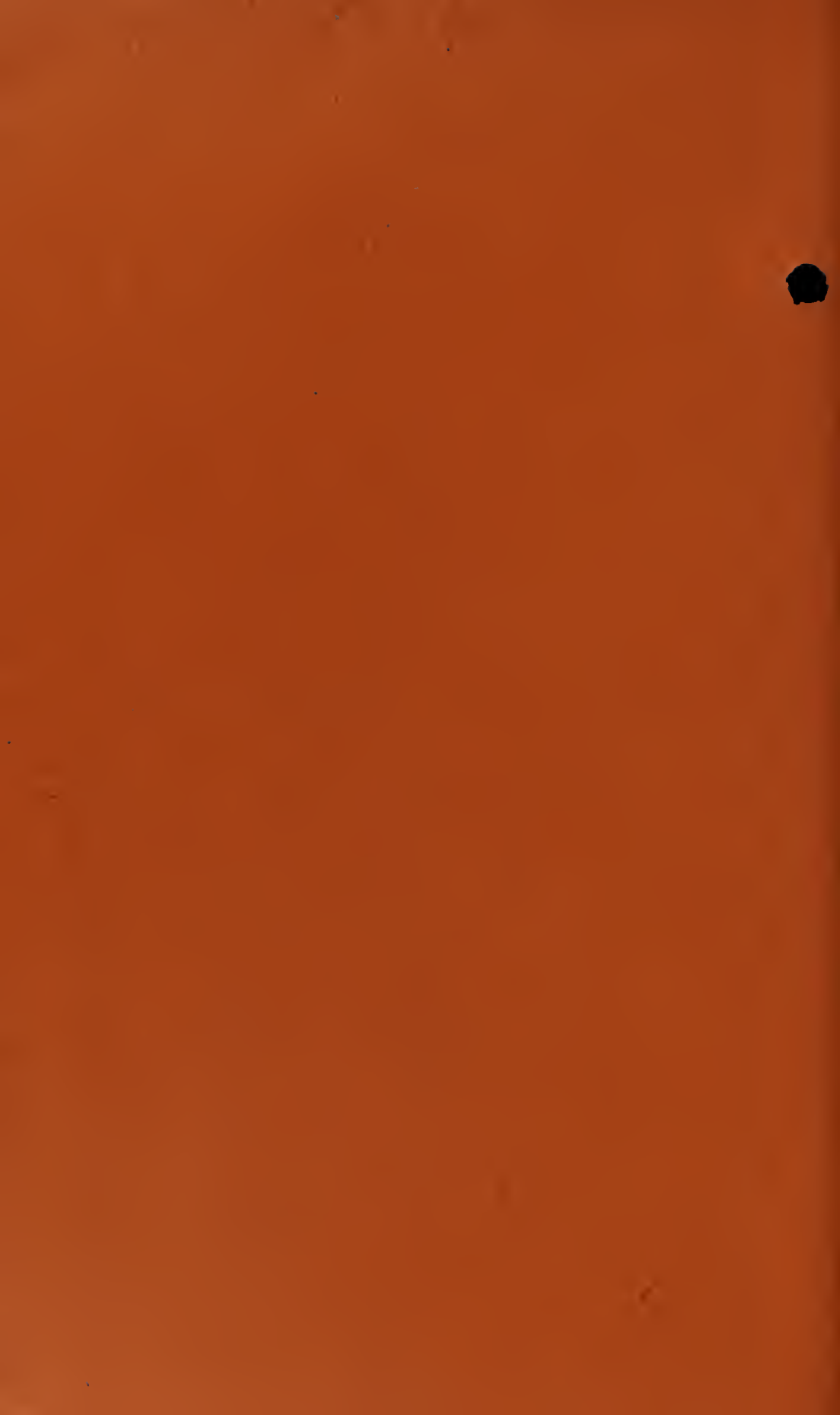
1948

by

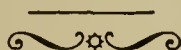
G. E. DONOVAN

M.D., M.Sc., D.P.H.

Medical Officer of Health



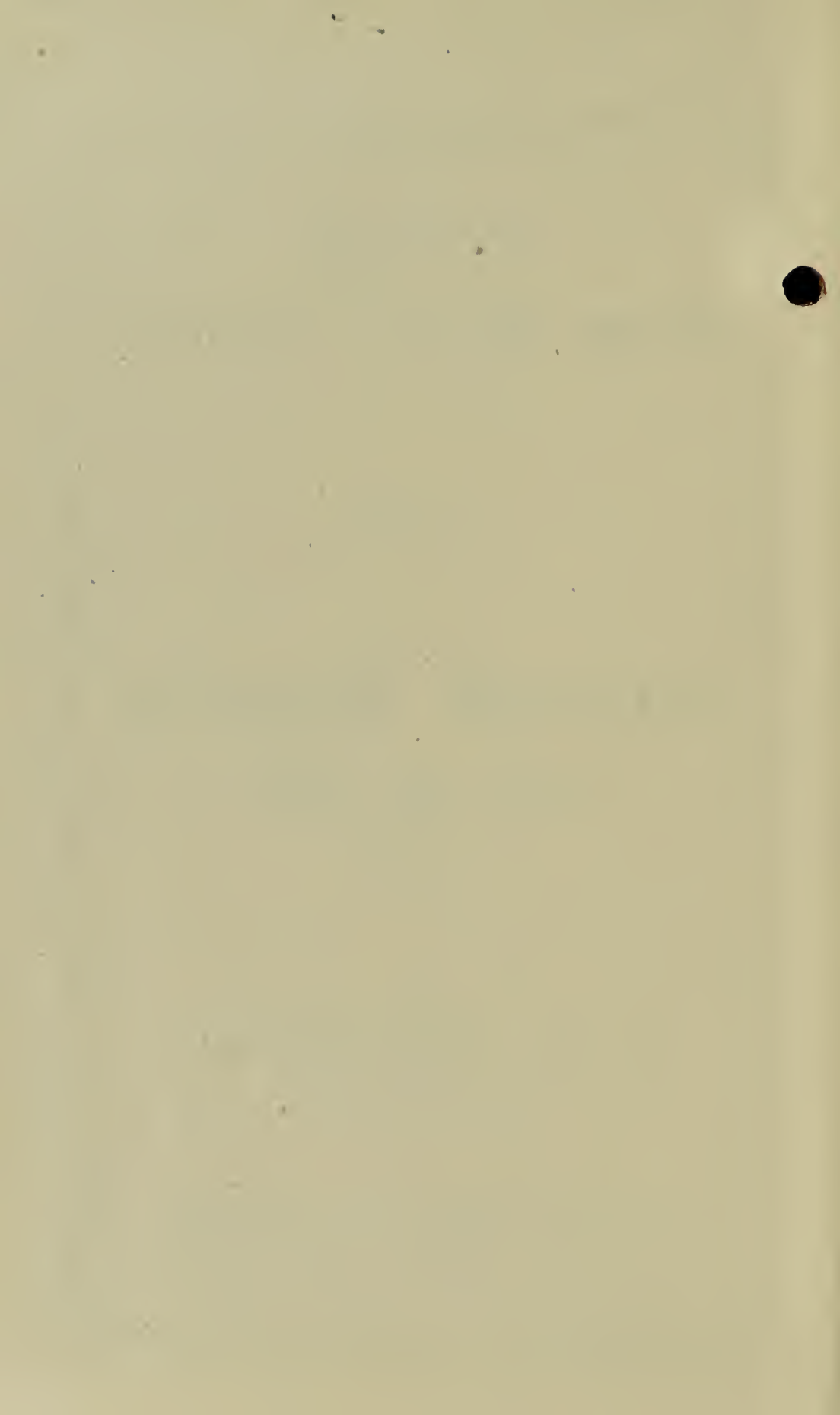
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# Gower Rural District Council

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Chairman : Councillor W. G. TUCKER, J.P.

Vice-Chairman : Councillor A. J. GRIFFITHS.

## Councillors :

P. T. WILLIAMS.	G. T. R. TAYLOR, J.P.
ROBERT GUY.	W. A. DAVIES.
F. C. BAYLISS.	C. M. GODBEER.
W. E. DAVIES.	P. P. JONES, B.A.
WILLIAM AUSTIN, J.P.	J. B. ROGERS.
T. A. STEPHENS.	SAMUEL GRIFFITHS.
P. J. DAVIES.	J. W. THOMAS.
Col. F. S. MORGAN, C.B.E., D.L.	A. VOYZEY.
S. E. JOHN.	H. V. WATTERS.
LLEWELLYN DAVIES.	W. R. WILLIAMS.
IVOR DAVIES.	GLYN A. GROVE.

## Public Health Committee.

Chairman : Councillor J. W. THOMAS.

Vice-Chairman : Councillor WILLIAM AUSTIN, J.P.

## Maternity and Child Welfare Committee.

Chairman : Councillor F. C. BAYLISS.

Vice-Chairman : Councillor W. A. DAVIES.

# Public Health Officers.

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## **Medical Officer of Health.**

G. E. DONOVAN, M.D., M.Sc., D.P.H.

## **Sanitary Inspector.**

G. A. JONES, M.S.I.A.

## **Health Visitor.**

W. SNOOK, R.F.N., S.R.N., C.M.B., H.V.Cert.  
(Jan.—July, 1948).

## **Clerks.**

P. TUXWORTH (Jan.—July, 1948).

D. HUMPHREYS.

## **Garngoch Isolation Hospital.**

Medical Superintendent—G. E. DONOVAN, M.D., M.Sc.,  
D.P.H.

Matron—L. DENNIS, R.F.N.

# Gower Rural District Council

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Public Health Department,  
Council Offices,  
Gorseinon.

To the Chairman and Members of the  
GOWER RURAL DISTRICT COUNCIL.

Ladies and Gentlemen,

I have pleasure in presenting to you my Annual Report for the year 1948, which is the ninth of its series.

For approximately half the year, I was your full time Medical Officer of Health, and for the other half I was part-time your Medical Officer of Health and Divisional Medical Officer for West Glamorgan. I am happy to keep my association with your area.

I wish to acknowledge the co-operation I have received from the Council, the Staff of my own department, the Heads of other departments of the Council, Dr. W. E. Thomas, Medical Officer of Health, and Dr. A. R. Culley, Chief Medical Officer of the Welsh Board of Health.

Your obedient Servant,

G. E. DONOVAN,  
Medical Officer of Health.

## INTRODUCTION.

The year 1948 has meant a revolution in medicine. Change, in itself, is neither good nor bad, it depends on the way things work out. On the whole, the new State Medical Service is a good thing, but in practice, certain defects are bound to make themselves apparent. These defects must be tackled and put right, otherwise, the scheme will fail.

One of the unforeseen effects of the new State Medical Service was to put the public health side of medicine in a very invidious position. The effect of this is that doctors and dentists are leaving the public health service. In the past, the public health services attracted some of the best men in the profession. Due to the great disproportion between the salaries in public health and other branches of the profession, only the very altruistic will come into public health. This is very bad for the country, as prevention is very much better and cheaper than curative medicine. Curative medicine alone is financially, a bottomless pit.

Public health is good economics. It is calculated that it would pay a nation to invest between 4 per cent. and 7 per cent. of its annual income on curative medicine. For one twenty-fifth of the cost of curative services, the preventative side will give an equivalent result, but unlike curative medicine the charge would get less and less each year as it does not work on a day to day policy, but stamps out disease.

During 1948, there were 1,000 outbreaks of food poisoning in this country, a ten-fold increase on the pre-war figures. Your area can be congratulated on its record in this respect.

Vaccination against small-pox is declining. The rising generation is growing up with very much less vaccination protection than in the past. Vaccination is no longer compulsory by law. The main safeguard against small-pox which is very prevalent in certain parts of the world, and at intervals is brought to our shores, is vigilance, knowledge, and keenness of public health officials throughout the country. In the past, small-pox was a great killer. It was the public health services who controlled this disease and made it a comparative rarity in this country. If the public health services will decline, eventually, there will be an outbreak of small-pox which will make the great epidemics of the past look small in comparison.



Diphtheria immunisation in this area is mainly carried out by the public health personnel. The effect of diphtheria immunisation has been to reduce diphtheria within a comparatively few years to a negligible proportion. It is to be noted that 50 per cent. of all deaths due to diphtheria occur under the age of 4 years ; 45 per cent. occurs under the ages of 7 and 8. Diphtheria is essentially a disease of the young, and it can be realised that if diphtheria immunisation fails, in a comparatively few years there would be several young children with no immunity, and would cause a major outbreak of diphtheria. This outbreak will probably be greater than in the past due to the fact that diphtheria immunisation, whilst affording certain immunity to those immunised, increases the number of "carriers" of diphtheria, and there will be sufficient "carriers" in existence to act as the focus in various places throughout the country for such an epidemic. The very good vital statistics for the country at large are due to the efforts of the public health departments.

The war of disease is not a stationary war. The army of public health must be fully manned with persons of sufficient keenness, training and intelligence, otherwise all that has been gained in the past will be lost.

Regional Hospital Boards are curative rather than preventative minded. They see hospital fever beds lying idle, and in many areas, they have converted them to other uses. This is a very short-sighted policy, and is like a man allowing his fire insurance policy to lapse or for an area to abolish its fire-brigades. Fever hospital beds for the Glantawe area are now at a dangerously low level. There should be one fever bed for every 1,000 of the population. This is very much less than those in the Glantawe Hospital area.

Garngoch Isolation Hospital has been one of the main instruments in my hands for restricting the fever rate in Llchwyr and Gower. Early and suspected cases of notifiable infectious diseases can be immediately isolated at Garngoch Isolation Hospital. The fact that I was Medical Officer of Health and in charge of the Fever Hospital meant that without delay, these cases could be immediately isolated. Both Llchwyr and Gower Councils have seen in action the benefits derived from having this easy access to Garngoch Isolation Hospital. Verbal and paper assurances can be given that should such an outbreak occur even if Garngoch Isolation Hospital disappears as such, that accommodation will be readily found

for these infectious fevers elsewhere. Experience in other parts of the country does not bear this out. It can be argued that the provision of fever hospital beds is the duty of the Regional Hospital Board, but if the Regional Hospital Board cannot provide these beds (and it has happened in many parts of the country), the burden is thrown on the public health department and the general practitioners in the area. There is a statutory obligation on the Llwythwr and Gower Councils for the prevention of notifiable infectious diseases, and in my opinion, they cannot adequately perform this duty except that they can provide prompt isolation of early and suspected cases of notifiable infectious diseases.

It says much for the efficiency of the public health department in this area that we have such a low fever rate.

Approximately 20 per cent. of the beds for tubercular cases are not available due to lack of staff. The effect is that there is a delay in the admission of cases to Sanatoria, with the consequent danger of the spread of infection. Incurable cases of tuberculosis have come home from the Sanatoria, and when they come into our area they are a danger to public health, and the burden is placed on us to find housing accommodation. The proper place for such cases is at a Sanatorium and not at home.

The public health department is exercising constant vigilance on all premises where food is either prepared, manufactured, sold or served throughout the area. We are continually taking samples and checking up.

Disease does not know local boundaries. Centres of population who have no Medical Officer of Health, are a potential source of danger to other communities. Due to modern transport, and the fact that people move about a great deal more than they did in the past, virulent infection can be brought into an area where normally there would be an excellent public health service for that area. It places an unfair burden on these good areas.

I bring these matters to your attention as constructive criticism. Democracy cannot function without enlightened public opinion.

These defects I have enumerated, can be easily rectified. The solution to these problems are self evident.

## SOCIAL CONDITIONS AND INDUSTRIES.

The Gower Area is chiefly agricultural with the exception of the North Eastern end of the Peninsula, which is industrial in character.

A large percentage of the male population find employment in the Llwchwr area where they are engaged in the Steel, Tin and Coal trades.

At Penclawdd, the cockle industry absorbs approximately 200 people, and it is in a thriving financial condition.

## AREA AND POPULATION.

The District is divided into 17 parishes, the acreage of each parish being as follows :—

Bishopston	....	....	2598 acres.
Llanmadoc	....	....	1463 acres.
Cheriton	....	....	1427 acres.
Ilston	....	....	3109 acres.
Reynoldston	....	....	1069 acres.
Knelston	....	....	548 acres.
Llangennith	....	....	3373 acres.
Llanrhidian Higher	....	....	5212 acres.
Llanrhidian Lower	....	....	6125 acres.
Nicholaston	....	....	517 acres.
Penmaen	....	....	1005 acres.
Oxwich	....	....	1342 acres.
Pennard	....	....	2862 acres.
Penrice	....	....	2127 acres.
Porteynon	....	....	1151 acres.
Llandewi	....	....	2010 acres.
Rhossilli	....	....	2215 acres.
			<hr/>
			38153 acres.
			<hr/>

The estimated resident population of the district for 1948 is given by the Registrar-General as 11,350.

The number of inhabited houses at the end of the year was 3,170, and the rateable value of the district was £33,547, which represents a sum of £123 as the yield of a penny rate.

## BIRTHS.

The number of live births registered for the district during 1948 was 201, being 95 males and 106 females, representing a birth rate of 17.7 per thousand of the estimated population. This rate is slightly lower than that recorded for England and Wales which is given as 17.9 per thousand of the population. In 1947 the net total births amounted to 216, with a birth rate of 19.8 per thousand of the population; thus this year, there is a decrease of 15 births, or 2.1 lower than the rate recorded for the preceding year.

One male illegitimate child was registered and three females, a proportion of 19.9 per thousand registered live births.

The stillbirths numbered 5, that is 4 males and 1 female, which is equivalent to a rate of 24.2 per thousand total (live and still) births.

## DEATHS.

The net total deaths after allowing for inward and outward transfers was 129, 62 males and 67 females. This represents a death rate of 11.4 per thousand of the population, and is slightly higher than the figure of 10.8 per thousand of the population given for England and Wales. 133 deaths occurred during 1947, giving a death rate of 12.2 per thousand of the population; thus this year there is a decrease of 4 deaths, or 0.8 lower than the rate recorded for the preceding year.

There were 9 deaths in children under 1 year, during 1948, which gives an Infantile Mortality rate of 45 per thousand and total live births. The rate for England and Wales is 34.

No illegitimate children died under the age of 1 year. 9 legitimate children died under the age of 1 year, representing a death rate of 45.6 per thousand legitimate live births.

No deaths occurred in the area due to Puerperal Sepsis or other maternal causes.

No deaths occurred from Diarrhoea and Enteritis under the age of 2 years. The rate for England and Wales was 3.3 per thousand live births.



Four deaths were due to Pneumonia, 2 to Influenza, 8 to Bronchitis, and 4 from other forms of Respiratory Diseases, giving a total of 18 deaths from all forms of Respiratory Diseases, apart from Tuberculosis, giving a death rate of 1.5 per thousand of the population.

Five deaths were registered from Tuberculosis of the Respiratory system, and 4 from other forms of Tuberculosis, giving a death rate of 0.7 per thousand of the population.

Three deaths were registered from Violence apart from Suicide, there being one Suicidal death.

Cancer and all other forms of malignant disease caused 18 deaths, giving a death rate of 1.5 per thousand of the population.

The rates of deaths from Infectious Diseases in 1948 are as follows :—

Diseases.	No. of Deaths.	Gower.	England & Wales.
		Rate per 1,000 population.	Rate per 1,000 population.
Small Pox	.... —	—	—
Acute Poliomyelitis and Encephalitis	.... 0	0.00	0.01
Whooping Cough	.... 1	0.08	0.02
Diphtheria	.... 0	0.00	0.00
Tuberculosis	.... 9	0.79	0.51
Typhoid and Paratyphoid	.... 0	0.00	0.00
Influenza	.... 2	0.18	0.03
Pneumonia	.... 4	0.35	0.41

### INFECTIOUS DISEASES.

There was no case of Diphtheria during the year. It may be stated that the incidence of Diphtheria in this area is low due to the extensive Immunisation Campaign.

### DIPHTHERIA IMMUNISATION.

Diphtheria Immunisation has been one of the most successful and most satisfactory duty of the Medical Officer of Health.

Since the new Health Scheme, Diphtheria Immunisation is under the control of the Glamorgan County Council.

All general practitioners in the Administrative County were invited to participate in the County Council's Scheme for Diphtheria Immunisation and Vaccination against Small-pox, and most have agreed to do so. Arrangements have been made for these practitioners to obtain serum and vaccine free of cost from the Medical Research Council's Laboratories at Cardiff and Garmarthen.

It cannot be too strongly stressed that Diphtheria Immunisation gives nearly 100 per cent. protection and that in my opinion a parent or guardian who knowingly deprives a child of this protection is guilty, to say the least, of gross negligence—and that is using a mild term. There is no reason why anyone in this area can state that they are not aware of the facilities available to them for immunisation.

### **Scarlet Fever.**

Nine cases of Scarlet Fever were notified to my department during the year.

The removal of cases of Scarlet Fever to Isolation Hospital in this district, depends upon home conditions. If the home conditions are such that in the opinion of the medical officer of health it is safe to nurse the patient at home, this is done, but if the home conditions are unsuitable the patient is admitted to Garngoch Isolation Hospital.

### **Pneumonia.**

One case of Pneumonia was notified during the year, giving a rate of 0.08 per thousand of the population. The rate recorded for England and Wales was 0.73 per thousand of the population.

### **Puerperal Pyrexia.**

Two cases of Puerperal Pyrexia were notified during the year. This gives a rate of 9.7 per thousand total (live and still) births, and the rate for England and Wales was 6.89 per thousand. None of these cases died.

### **Venereal Diseases.**

Many cases are brought to the notice of the public health department. Those who are not attending for treatment are contacted and encouraged to attend a V.D. clinic. Contacts are also requested to attend a clinic.

Wasserman Blood Tests are being done as a routine in our Ante-Natal Clinics, and the samples of blood are sent to the Cardiff and County Public Health Laboratory.

The nearest clinics for this area are held at Swansea and Port Talbot, and the sessions are as follows :—

**Swansea Clinic** (Situate at Swansea General and Eye Hospital) :—

Males—Monday 2 p.m.  
           Tuesday 7.30 p.m.  
           Friday 10.30 a.m.

Females—Thursday 1 p.m.

**Port Talbot Clinic** (Situate on the right hand side of the road immediately opposite the exit from the G.W.R. Station).

Males—Monday 2.30 p.m. to 4.30 p.m., and 5 p.m. to 8 p.m.

Thursday 10.30 a.m. to 1 p.m., and 2 p.m. to 4 p.m.

Females—Wednesday 10.30 a.m. to 1 p.m., and 2 p.m. to 4 p.m.

Thursday 5 p.m. to 7 p.m.

### **Rickets.**

Rickets is a very easy disease to prevent by means of Vitamin D which is given to all children. A good lot of the defects in child birth is due to a woman having a distorted pelvis due to rickets. By treating the very young, much future disability can be prevented in a woman, and not only to her, but to her future child.

### **Poliomyelitis Epidemic.**

One case of Poliomyelitis occurred during the year, and was removed to an Isolation Hospital.

## ANALYSIS OF NOTIFIABLE DISEASES (other than Tuberculosis) during the year 1948.

[illegible]



## TUBERCULOSIS.

7 cases of Pulmonary Tuberculosis and 1 of other forms of Tuberculosis were notified during 1948. The total number of deaths registered from all forms of Tuberculosis was 9.

On receipt of a notification of surgical tuberculosis, the sanitary inspector automatically checks up on the milk supply from which district the notification is received.

To wipe out Tuberculosis from a community, it is necessary to have prompt diagnosis. This depends upon competent general practitioners, competent Tuberculosis Services with mass radiography, and sanatoria for the prompt isolation of suspected and early cases and the segregation of those who are suffering from the disease and liable to affect others. Unfortunately, there are many factors which militate against this. Whole wards of sanatoria are closed down due to lack of staff. Another factor which tends to propagate Tuberculosis, especially among the young, is milk which contains the Tubercle Bacillus. Pasteurisation, T.T. Herds, etc., could render milk safe against Bovine T.B.

On the Continent, a lot of work has been done on artificially immunising young children against T.B. by means of B.C.G. Vaccine. This means that the child is given a very attenuated form of T.B. which is so weak that it does not cause the disease but gives the child immunity. It is probable that control experiments will be done in these islands to test the practicability of these methods.

### **Tuberculous Meningitis.**

Streptomycin is a promising biotic agent for the treatment of T.B. Meningitis. The results so far are not too good. Its real value is that it will eventually lead to the development of other agents which should be curative in the early stages.

Particulars of new cases of Tuberculosis and deaths from the disease are given in the following Table :—

# NEW CASES AND MORTALITY DURING 1948.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	...	...	...	...	...	...	...	1
1—	...	...	1	...	...	...	...	...
5—	...	...	...	...	...	...	...	...
15—	2	...	...	...	...	...	1	...
25—	...	...	...	...	...	1	...	...
35—	2	2	...	...	1	...	...	...
45—	...	...	...	...	1	...	1	...
55—	1	...	...	...	...	...	...	...
65 and upwards	...	...	...	...	1	1	...	1
TOTALS ...	5	2	1	...	3	2	2	2

## **PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.**

No action was taken under this regulation during the year 1948, relating to Tubercular employees in the milk trade.

## **PUBLIC HEALTH ACT, 1936, SECTION 172.**

No action was taken under this section during the year 1948.

### **Tuberculosis Clinics.**

The treatment of Tuberculosis is in the care of the Regional Hospital Board, and patients suffering from this disease attend the Dispensary, at 9/10, Grove Place, Swansea.

### **Rheumatic Fever.**

I have previously mentioned the dangers of Rheumatic Fever and the necessity of having the disease made compulsorily notifiable so that its general prevalence may be made known, and suitable action taken for its control. This disease has been made notifiable in the Bristol-Gloucester area by an Order of the Minister of Health, so as to obtain sufficient data thereon. Similar action may eventually be taken throughout the country. If this is the case, the incidence of heart disease will be greatly diminished.

### **German Measles and Congenital Defects.**

There is evidence that if an expectant mother, up to the fourth month of pregnancy, contracts German Measles, it can affect the developing child in her womb. Such unborn children have a tendency to develop congenital cataract, and some of them even die.

Such information is of value as it is very important for a pregnant woman, in the early stages of pregnancy, not to come in contact with a case of German Measles.

### **Infantile Mortality Rate.**

The Infant Mortality Rate is a very good index to the social circumstances of an area as the rate tends to be high in places where bad housing, overcrowding, defective sanitation, maternal ignorance and neglect, prevail.

The figures for England and Wales in 1939, for the death rate per thousand births were :—

Under 1 day	....	....	10.23
1—7 days	....	....	10.87
1—4 weeks	....	....	6.99
1—3 months	....	....	7.92
3—6 months	....	....	7.02
6—9 months	....	....	4.4
9—12 months	....	....	2.92

The principal causes of death which account for three-quarters of the total death roll are :—

1. Developmental conditions including birth injury, prematurity, debility, convulsions, malformations, etc.
2. Respiratory Diseases
3. Gastro-Enteritis.

### **Garngoch Isolation Hospital.**

During the year the number of cases admitted to Garngoch Isolation Hospital comprised of 6 Scarlet Fever, 2 Puerperal Pyrexia, 1 Pneumonia, 1 Pemphigus Neonatorum, 1 Poliomyelitis, and 1 Chicken Pox.

The availability of plentiful supplies of Penicillin has made the medical treatment of some of these patients more satisfactory, but the nursing more difficult as the Penicillin has to be injected every three hours both night and day.

### **Hospitals.**

The Gorseinon General and Maternity Hospital and Garngoch Isolation Hospital are now under the control of the Glantawe Regional Hospital Board.

### **Diet and Resistance to Infection.**

The opinion generally held is that an inadequate diet, especially in protein, adversely affects the capacity to respond to infection. Experimental proof is now available that it is much more difficult to produce resistance to infection by artificial immunisation in animals kept on a grossly protein deficient diet than in normal animals. The lessons for human beings are obvious.

### **NATIONAL HEALTH SERVICE ACT, 1946.**

On the 5th July, 1948, by virtue of the provisions of the National Health Service Act, 1946, the undermentioned services came under the control of the Glamorgan County Council :—

Care (including dental care), of Mothers and Young Children ;

Notification of Births.

Vaccination and Immunisation ;

Domiciliary Midwifery ;

Health Visiting ;

Domiciliary Home Nursing ;

Prevention of Illness, Care and after-care ;

Domestic Help.

Nine Health Divisions were established within the Administrative County, with a Medical Officer in charge of each. This district comes within the Western Health Division.

#### **Ambulance Facilities :—**

##### **Infectious and Non-Infectious Cases.**

Since the 5th July, 1948, the Glamorgan County Council have taken over the control of the ambulance services in the administrative county.

As regards this area, an Ambulance Station has been established at Pontardawe, which controls the ambulances and cars stationed at Reynoldston, Gowerton, Gorseinon, Pontardulais, Gwauncaegurwen, Cwmllynfell, Ystalyfera, Pontardawe and Clydach.

##### **Laboratory Facilities.**

Pathological and bacteriological specimens are submitted to the Cardiff and County Laboratory for examination.

##### **Children with Bad Eyesight.**

It is absolutely necessary to diagnose a child with bad eyesight as soon as possible. Such a child cannot compete on equal terms with his companions and causes disappointment to him and his parents. Boys often become bad tempered and rebellious, and girls unhappy. Discord at home mounts until it is suggested that the child should have his eyes tested. Bad eyes often cause headaches even in young children. Red eyelids, watery eyes, styes and habitual blinking should lead to examination.



When the vision of the two eyes is unequal, it may be necessary to wear an occluder for a part of the time. The squinting child must be treated for many years by glasses, and covering the stronger eye until the child is about four years old, when special training treatment can begin. If an operation proves necessary, it is best undertaken at 7 or 8 years of age, before school life starts in earnest.

This service is now under the control of the Glamorgan County Council.

### **WATER SUPPLIES.**

65 per cent. of the area is served by the Council's main, the remaining 35 per cent. draw water from deep and shallow wells—most of these wells are potentially a source of danger to Public Health.

#### **Number of Samples taken :**

Number.	Results.
12	Satisfactory.
2	Fairly Satisfactory.
4	Unsatisfactory.
2	Contaminated.

### **MILK.**

Milk is a most nutritious food, but it is also a very dangerous food. It could spread diseases like Tuberculosis, Typhoid, Germs like *Brucella Abortus* which cause contagious abortion in cattle, and in human beings a chronic illness which shows symptoms somewhat allied to Rheumatoid Arthritis.

Milk should come from healthy cattle, and be collected and distributed under the most hygienic conditions. Due to human frailty and error, it is also advisable that it should be pasteurised. This does not mean that one is advocating that the milk can be prepared under any conditions. It means that we should strive for the cleanest possible milk, and then, as a further precaution, pasteurise it. In an area like ours, I strongly advise that all milk should be heat treated before giving it to the young. The only effect of pasteurisation is to slightly change its taste, which the normal person will not notice. It cuts down the Vitamin C content and probably slightly affects the Calcium level. The slight loss of Vitamin C can be made up with Orange Juice, and the individual will get plenty of Calcium in his other foods.

During the year, 27 samples of milk produced in this area were submitted for the Tuberculosis test, the results of which were all negative.

More sampling of milk for the presence of Tubercle Bacilli could be carried out but at present the number of samples which can be forwarded to the laboratory are limited by the County Council.

Bacteriological samples of milk were taken on 27 occasions and found to be :—

21 Satisfactory.

6 Unsatisfactory.

### **ICE-CREAM.**

It is a fairly common belief that freezing kills bacteria. Actually it is a good method of preserving their life for long periods.

It can be seen that there is a great danger if Ice-cream is made from materials which contain pathogenic organisms. What is even more dangerous is the actual introduction of organisms by insanitary methods of handling.

There have been numerous outbreaks of intestinal infection throughout the country due to Ice-cream, and consequently regulations have been in existence for some years requiring the registration of premises used for the preparation of Ice-cream. These premises should be periodically inspected. Laboratory tests for cleanliness are desirable, but, unfortunately, there is no known test which is sufficiently reliable for use as a statutory test of its contamination with non-pathogenic organisms.

At the present time, a good idea of the hygienic quality of Ice-cream can be got by doing a total bacterial count, coliform count, and the identification of the coliforms if of excremental type or otherwise.

It is very desirable that Ice-cream should be heat treated before being frozen.

Samples are taken by the Sanitary Inspector and submitted to the County Laboratory for examination.

## HOUSING.

By the end of 1948 the Council had erected 56 houses of which 11 were let to Agricultural Workers ; 8 to miners ; and the remainder to general workers.

The need for houses is still very acute, and during 1948 there was a total number of a little over 300 applications for Council Houses.

In the area there are 126 Council Houses, and, in addition, there are 60 families housed on the Graigy-Coed Estate, Penclawdd, and 32 on the Parc Estate, Upper Killay.

## Food and Drugs :

During the year under review, the duties performed by the County Constabulary in this area in connection with sampling under the Food and Drugs Act, were on the 1st April, 1948, transferred to the County Public Health Department.

Through the kindness of both Dr. W. E. Thomas, County Medical Officer, and Superintendent Pugh, "H" Division, I am able to give the following particulars of samples taken and submitted to the Public Analyst :—

Milk	....	.... 15	Pudding Mixture	....	1
Bun Flour	....	.... 1	Cake Mixture	....	1
Honey	....	.... 1	Coffee	....	2
Marmalade	....	.... 1	Soup	....	1
Bovril	....	.... 1	Condensed Milk	....	1
Vinegar	....	.... 1	Margarine	....	1
Butter	....	.... 1	Yorkshire Relish	....	1
Beef Suet	....	.... 1			—
			Total	....	30

The samples were collected at Llanmorlais, Three Crosses, and Dunvant. Eleven milk samples were certified by the Public Analyst as genuine. Four milk samples were found to be deficient in milk fat; proceedings were instituted in three cases, which resulted in fines against the vendors.

The sample of butter was found to contain an excess of water. Proceedings against the vendor, who was covered by Warrant, was withdrawn, the suppliers were, however, convicted and fined.

## SHELLFISH.

The sooner the appropriate Order and Bye-laws are enforced in the Gower area, the safer it will be for public health.



# APPENDIX

## 1.—General Statistics.

Area of District—38,153 acres.

Number of inhabited houses at the end of the year—3,170.

Rateable Value of District—£33,547.

Sum represented by 1d. rate—£123.

Registrar-General's estimate of resident population mid 1948—  
11,350.

## 2.—Extracts from Vital Statistics of the Year.

		Total.		M.	F.	
Live Births :—						
Legitimate	....	197	94	103	Birth rate per 1,000 of the estimated resident population—17.7	
Illegitimate	....	4	1	3		
Still Births :—						
Legitimate	....	5	4	1	Rate per 1,000 total (live and still births) 24.2	
Illegitimate	....	—	—	—		
Deaths	....	....	129	62	67	Death rate per 1,000 of the estimated resident population—11.4

			Rate per 1,000 total (live & still) births
Deaths from Puerperal Sepsis	....	—	} —
Deaths from other Puerperal Causes	....	—	
Total	....	—	

Death rate of Infants under 1 year of age:—

All Infants per 1,000 live births	....	45
Legitimate Infants per 1,000 legitimate live births	....	45.6
Illegitimate Infants per 1,000 illegitimate live births	....	0.0
Deaths from Cancer (all ages)	....	18
Deaths from Measles (all ages)	....	—
Deaths from Whooping Cough (all ages)	....	1
Deaths from Diarrhoea (under 2 years of age)	....	—

